

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 The Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 34244

Registration District No. 440Registered No. 67
(For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lili Watson If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Type of Child Yes (5) Number in order of birth 3 (6) DATE OF BIRTH 4/23/23
 Is the mother in care of Child or Child's mother? Yes (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Mark Watson</u>	(14) NAME BEFORE MARRIAGE <u>Lili Watson</u>	(10) PRESENT RESIDENCE OF FATHER <u>Roxs Hill SC</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Roxs Hill SC</u>
(12) COLOR OR RACE <u>Negro</u>	(18) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(10) COLOR OR RACE <u>Negro</u>	(16) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(14) BIRTHPLACE <u>SC.</u>	(18) OCCUPATION <u>Farm work</u>	(10) BIRTHPLACE <u>SC.</u>	(16) OCCUPATION <u>Farm work</u>
(20) Number of children born to mother, including present one <u>4</u>	(22) Number of children of this mother now living, including present one <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. Elie H. H. H.

(26) (Signature) Elie H. H. H.
 (28) State whether Physician or Midwife (29) Address of Physician or Midwife

Given name added from a supplemental report

(30) Witness (Signature of Witness necessary only when question 28 is signed by nurse)

(32) Filed 4/27/23 (33) Elie H. H. H.

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.